



IFW

<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>  <input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27	<b>Complete if Known</b>			
	Application Number	10/823,697		
	Filing Date	April 14, 2004		
	First Named Inventor	TETSUYO OHASHI ETAL.		
	Examiner Name	Daniel J. Colilla		
TOTAL AMOUNT OF PAYMENT	(\$)	0.00	Art Unit	2854
			Attorney Docket No.	03500.018072

**METHOD OF PAYMENT** (check all that apply)

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   Deposit Account Number: 06-1205   Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17   ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**   **Extra Claims**   **Fee (\$)**   **Fee Paid (\$)**   **Multiple Dependent Claims**   **Fee (\$)**   **Fee Paid (\$)**

13 - 20 or HP = 0 x 0 = 0   0   0

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**   **Extra Claims**   **Fee (\$)**   **Fee Paid (\$)**

3 - 3 or HP = 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____ = _____		

**4. OTHER FEE(S)**   **Fees Paid (\$)**

Non-English Specification,   \$130 fee (no small entity discount)   \_\_\_\_\_

Other: \_\_\_\_\_

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent) 30,110	Telephone 202-530-1010
Name (Print/Type)	Lawrence A. Stahl	Date: January 24, 2006	

03500.018072



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
	:	Examiner: Daniel J. Colilla
TETSUYO OHASHI ET AL.	)	
	:	Group Art Unit: 2854
Application No.: 10/823,697	)	
	:	Confirmation No.: 5361
Filed: April 14, 2004	)	
	:	
For: BOTH-SIDE RECORDING APPARATUS	)	January 24, 2006

**Mail Stop Issue Fee**  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

AMENDMENT UNDER RULE 1.312

Sir:

Applicants, having received a Notice of Allowance and Fee(s) Due form (PTOL-85) dated November 22, 2005, respectfully submit the following amendments and remarks.